

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/534,282
	Filing Date	November 7, 2003 (Int'l)
	First Named Inventor	Robert P. MILLAR
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	638772009900

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country State Zip

Telephone Email

I am the:

☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. Form PTO/SB/96

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date Telephone

NOTE: Signatures of all the inventors or assignees of record of this entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of forms are submitted.